

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

J. D. DUNSHEE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Milk Control*

By J. D. DUNSHEE, M.D., Director, State Department of Public Health

I believe that a department of health has two main functions: First, the instigation of various measures which have been scientifically determined are useful in the prevention and control of communicable disease and preservation of health and the enforcement of health laws of the State; and, second, a continuous educational program which will help the people of the State to have a better appreciation of control measures mentioned and which in addition will help to develop within them a health consciousness which should make control measures less necessary.

There are certain fundamental policies and aims which should underlie the administration of milk control. These include the viewpoint of the milk producer, the consumer and the milk control official. It is a matter of record that there have been official milk control measures for several hundred years, some of which in an earlier day necessitated the forbidding of the use of milk entirely under penalty of death during epidemics. Early in the 18th century rules were laid down covering milk, milkers and utensils. During those times very little was understood about these things more than that there was a connection between disease at times and the use of milk. It is unnecessary to go into the stages of development of control measures down to the present time any more

than to say that it has been an evolution, and that I believe we still are carrying some "hangovers" from earlier periods. For instance, a great deal of time and expense connected with milk control measures still has to do with dairy inspection which I think might largely be discarded in favor of better supervision in distributing and processing plants.

We are apt to forget as an industry develops, and this has been true of many industries, that a time comes when commercial competition takes care of the things for which inspection had previously been necessary. To the public health official, it seems to me, food is either safe or unsafe, and it is his business to insure the public that it is safe, but it is not his business to grade these foods in other ways. The primary interest of the health departments is to eliminate as far as possible all dangers of disease dissemination, to require that definite standards are met and that false claims for any food product are not permitted.

I believe that to the health official there are two classes of milk—raw and pasteurized—and I also believe that "pasteurized" and "unpasteurized" are better terms. The International Association of Dairy and Milk Inspectors and the American Public Health Association have been on record for some time that effective pasteurization is the only complete safeguard for a milk supply. Pasteurization came into being

* An address delivered before the California Dairy Council, Oakland.

as a protection against tuberculosis. As a matter of fact, the effectiveness of pasteurization against tuberculosis is no greater than in other diseases of bovine origin that those which may originate from human carriers who handle milk.

Health departments are set up in the official scheme of government for the sole purpose of furnishing accurate information and for protecting the public health, and the public is entitled from public health officials a frankness and honesty which is supported by scientific facts. Therefore, while I concede there are many so-called raw milks which are produced under the most careful supervision and with the best intentions which the intelligence of the producer is able to give, and that a fine quality of milk is thus produced, for the protection of the milk industry itself and for the protection of the public health of those who consume this milk, I believe that effective and intelligently supervised pasteurization of all milk, with the exception of that produced on certified dairies, should be constantly advocated. I am not advocating the passage of a law compelling this procedure, as I believe it has been amply demonstrated that education is superior to prohibition. It is a fact, however, which you all know, that the widespread use of raw milk, other than certified, is a constant source of apprehension to the health officer and a menace to the industry. You can not afford to subject the future of your labor and investment to a menace which might ruin it over night.

I further believe that milk control programs should be administered under health departments as such control measures are primarily for health protection. I believe that very definite and continuous efforts should be made to secure the adoption of standard milk ordinances with uniform enforcement and with the elimination of all unnecessary duplication of inspection in such enforcement.

Probably the outstanding development of the past year has been that in vitamin D milk. Vitamin D is of undoubted value in preventing rickets in children and protecting the teeth of adults. In the State of our present knowledge it is not believed that any harm may come from the over-consumption of this important vitamin. However, some concerns have spent large sums of money in an effort to give a product standardized as nearly as possible in accordance with present scientific knowledge and to honestly advertise such product.

I believe therefore that in accordance with the resolution of the committee of the American Public Health Association a strict censorship of advertising with a freedom from burdensome restrictions be applied until better methods of control can be worked out. The

State Board of Health is working on this at the present time and if feasible hope shortly to offer some assistance in this matter.

It is understood that the National Dairy Council and yourselves expect to engage in an educational program which will increase the use of milk and dairy products and I believe that full support in every way should be given to this program by the State and other health departments, but that their support be based upon and limited to scientific facts. I believe that the organized milk industry can not afford to fail in their support of scientifically equipped and honestly operated health departments and programs. I believe there is no government department which is or can be of greater service to the milk industry than the department of health. I believe that our mutual interest in public health is such that we need the help of one another, and my association with your industry in the past few years has convinced me that every honest, sincere and intelligent health official can depend upon you for such support. I believe that your work is so vital to the public health of this State that it is a genuine pleasure to pledge you my support, for all constructive work of your council and to wish it, and the individuals in the industry which is represented by it, success and prosperity.

DR. W. B. WELLS RETIRES

Dr. William B. Wells, city and county health officer of Riverside County for many years, has retired because of ill health and is succeeded by Dr. W. A. Jones of Riverside. Dr. Wells, since the death of Dr. F. W. Browning of Hayward in 1930, has served as secretary and president, respectively, of the Health Officers' Section of the League of California Municipalities. He is one of the best known and most beloved public health officials in California and there is genuine regret that his health will not permit him to continue the duties of his office. Fellow officials and a host of friends hope for a speedy recovery and quick return to active duty.

I am confident that future erudition will designate the discovery of the whole child as the "par excellence" contribution of the first quarter of the twentieth century and that this contribution, with its accompanying and subsequently related studies relative to normal growth and development, to behavior, to the learning processes, and so on, of the child, is going to contribute more to the welfare of humanity than any of the other discoveries of this century.—John Sundwall, Ph.D., M.D.

TEACHERS NEED PERSONAL HEALTH

The successful teacher of today needs as part of her equipment for her professional career a large measure of good health. This is necessary both as a personal asset and as a qualification resulting from training. Many reasons might be cited in support of this statement. I shall confine myself to a few.

Education of children today has become much more than a pouring-in process of factual material. Teachers, by reason of changing objectives of education, are faced with the task of contributing effectively toward adjusting the pupil physically, mentally, emotionally, and socially to the world of today. "Education today is a process of living, and not a preparation for future living," says John Dewey. To live right, however, calls for more than good teaching as we ordinarily think of it. To guide children effectively in the processes of correct living, the teacher herself needs experience and training in the technique of correct living. In service also she needs opportunity for this assistance. To imbue children with the need for certain health habits she must of necessity set a proper example.

The teacher's influence is still far and above all others concerned with the education of the child. Fine buildings, well-equipped playgrounds, etc., all serve their purposes, but after all, the teacher is the school. The lessons learned, the character developed, the habits influenced—all depend on her leadership whether the subject under consideration be health or mathematics. The teacher, by reason of her training and experience, may either give her pupils a desirable attitude toward health matters, or, if she is the conventional teacher, a nonscientific or perhaps emotional attitude toward health matters. So much depends on her own experiences in achieving and maintaining her personal health. If she has waited each time until pain drove her to a physician's office, she of course can not be expected to place much emphasis on positive health measures in the classroom.

Another reason, although far from the most important, is that people expect that the teachers employed will be the best investment in teacher values obtainable. This investment, however, needs careful appraisal. City fathers, for example, would not think of investing money in new fire engines without first obtaining evidence to show that they were in good running order and capable of continued service. To be sure, teachers are not machines, but nevertheless an appraisal of their health or "running order" is quite as essential. Is the teacher physically and mentally able to cope with the tasks of the classroom? Is she sufficiently robust to withstand the many drains

made on her energy? Does she have an appreciation of good health sufficient to inspire her pupils with the desire to live healthfully? These are a few questions every school board and superintendent need consider when hiring teachers.

Thus far health programs in the public schools have been centered in the child. Important as is this part of the program, the problem of teacher health can not be overlooked.—Bulletin, Michigan Association of School Physicians.

HOW TO PREVENT COMMON COLDS

By DR. WILSON G. SMILLIE, Professor of Public Health Administration, Harvard University School of Public Health

How can we prevent a cold? Since we know that colds are catching, we should make every attempt to avoid close contact with those who have an acute cold. This is particularly important during the first three days of the disease.

Some exposure is unavoidable. There are a few simple rules to follow, however, which probably aid in preventing colds, even if one is exposed. The rooms in which we live should have a suitable temperature and humidity. The superheated air of an office or apartment may reach a temperature of 80 degrees. The air becomes as dry as that of a desert so that the membranes of the nose and throat become parched and can not perform their normal protective functions. This condition predisposes to colds.

ARE WET FEET HARMFUL?

The body surface should be kept warm and dry. If the skin becomes chilled, one is apt to catch cold. Mothers worry when their children play in the snow or rain and get their feet wet. Wet feet are not harmful so long as the child is active and exercising, but if a person sits quietly in school or office all day with wet feet, the body surface becomes chilled, thus predisposing to a cold.

Many people believe that alcohol is of value in preventing colds. When one is chilled, alcohol does give a feeling of warmth, but causes flushing of the skin and great loss of heat. If one is continuously exposed to the cold, as on a long drive in freezing weather or working all day in the cold rain, a series of drinks of whiskey may do real harm. When one finally comes in from a long cold trip, however, all wet and chilled, shivering and cold, *and does not need to go out any more* that day, a reasonable drink of alcohol is of definite value in bringing about a rapid flushing of the skin and a warm, comfortable glow. The same effect may be obtained, though somewhat more slowly, with a hot mustard foot bath and a drink of hot coffee.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
January 26, 1935

Chickenpox

613 cases: Alameda County 4, Alameda 3, Berkeley 8, Oakland 56, Butte County 1, Pittsburg 4, Fresno County 5, Fresno 8, Humboldt County 2, Eureka 1, Imperial County 3, Brawley 3, Calexico 1, El Centro 2, Imperial 2, Kern County 17, Bakersfield 2, Los Angeles County 14, Alhambra 1, Arcadia 11, Burbank 4, Claremont 1, Compton 2, El Segundo 10, Glendale 4, Long Beach 18, Los Angeles 54, Montebello 1, Pasadena 11, Pomona 13, Redondo 4, San Fernando 1, San Gabriel 3, Santa Monica 6, Torrance 1, Lynwood 6, Madera County 2, Madera 2, San Rafael 2, Merced County 1, Pacific Grove 1, Orange County 13, Anaheim 1, Brea 1, Huntington Beach 5, Tustin 3, Riverside County 11, Corona 1, Riverside 16, Sacramento 15, Redlands 8, San Diego County 4, National City 3, San Diego 54, San Francisco 40, San Joaquin County 6, Stockton 3, Daly City 2, Santa Barbara County 10, Santa Maria 5, Santa Clara County 5, Palo Alto 16, San Jose 13, Santa Clara 2, Watsonville 9, Vallejo 4, Sonoma County 2, Stanislaus County 4, Trinity County 11, Tulare County 1, Dinuba 4, Tulare 1, Visalia 1, Ventura County 10, Fillmore 1, Oxnard 2, Yolo County 10, Davis 7, Winters 13, Yuba County 1.

Diphtheria

60 cases: Alameda County 1, Alpine County 1, Contra Costa County 1, Kern County 1, Los Angeles County 3, Long Beach 1, Los Angeles 17, Pomona 2, Monterey 1, Salinas 1, Napa 1, Orange 1, Riverside 1, Sacramento 9, San Diego County 3, El Cajon 5, Oceanside 1, San Diego 4, San Francisco 3, Santa Clara County 1, San Jose 1, Tulare County 1.

German Measles

61 cases: Berkeley 1, Emeryville 4, Fresno County 4, Los Angeles County 3, Long Beach 2, Los Angeles 5, Pasadena 1, San Gabriel 1, Santa Monica 1, Whittier 7, Madera County 1, Salinas 2, Grass Valley 2, Orange County 1, Riverside 2, Sacramento 1, San Diego 2, San Francisco 2, Lodi 1, San Luis Obispo County 1, Paso Robles 1, San Luis Obispo 1, Santa Barbara County 2, San Jose 10, Willow Glen 2, Tulare County 1.

Influenza.

407 cases: Oakland 1, Glenn County 1, Kern County 20, Lake County 3, Los Angeles County 33, Beverly Hills 1, Compton 17, Culver City 1, Glendale 7, Huntington Park 7, Long Beach 4, Los Angeles 255, Montebello 2, Santa Monica 3, Whittier 11, Torrance 2, Monterey Park 1, Bell 6, Orange County 3, Fullerton 1, Santa Ana 10, Balboa 2, San Diego 2, San Francisco 6, San Mateo 2, Sonoma County 2, Tehama County 4.

Measles

263 cases: Berkeley 24, Oakland 4, Calaveras County 1, Del Norte County 14, Fresno 5, Humboldt County 12, Eureka 4, Inyo County 2, Kern County 14, Kings County 1, Los Angeles County 7, Long Beach 1, Los Angeles 13, Santa Monica 1, Bell 2, Marin County 1, Merced County 1, Gustine 1, Orange County 4, Anaheim 42, Fullerton 3, Orange 1, Santa Ana 4, Placentia 1, Riverside County 1, Sacramento 4, San Diego County 1, San Diego 4, San Francisco 4, San Joaquin County 10, Stockton 30, Santa Barbara County 2, Santa Maria 12, Santa Clara County 1, San Jose 2, Willow Glen 1, Santa Cruz County 1, Santa Cruz 6, Modesto 1, Oakdale 11, Riverbank 3, Dinuba 5, Oxnard 1.

Mumps

194 cases: Alameda County 2, Alameda 2, Berkeley 3, Hayward 14, Oakland 19, Fresno County 8, Fresno 4, Kern County 1, Burbank 9, Glendora 1, Los Angeles 5, Pasadena 1, Monterey Park 1, San Rafael 1, Gustine 1, Nevada County 1, Orange County 3, Placentia 1, Sacramento 3, San Diego County 1, San Francisco 14, San Joaquin County 7, Lodi 11, Stockton 2, Tracy 3, San Luis Obispo County 2, Arroyo Grande 3, Daly City 1, Santa Barbara County 17, Santa Maria 8, Santa Clara County 1, Gilroy 23, San Jose 2, Stanislaus County 3, Modesto 4, Riverbank 7, Lindsay 3, Visalia 2.

Pneumonia (Lobar)

75 cases: Alameda County 2, Oakland 6, Fresno County 1, Sanger 1, Eureka 1, Brawley 2, Kings County 1, Los Angeles County 2, Glendale 1, Los Angeles 21, Pasadena 2, Redondo 1, Riverside 1, Sacramento County 1, Sacramento 7, National City 1, San Diego 5, San Francisco 12, Paso Robles 1, San Mateo 1, Lompoc 1, Santa Maria 1, Santa Cruz County 1, Sonoma County 1, Tehama County 1.

Scarlet Fever

252 cases: Alameda 6, Berkeley 1, Oakland 2, Butte County 2, Gridley 1, Contra Costa County 1, Fresno County 4, Humboldt County 2, Brawley 1, El Centro 1, Calipatria 1, Kern County 8, Lake County 2, Los Angeles County 24, Alhambra 1, Burbank 2, Compton 2, El Monte 1, Glendale 1, Inglewood 1, Long Beach 3, Los Angeles 46, Manhattan Beach 1, Redondo 2, San Marino 1, Lynwood 2, South Gate 1, Monterey Park 1, Maywood 2, Merced County 3, Merced 1, Monterey County 1, Fullerton 2, Newport Beach 2, Orange 1, Santa Ana 1, Balboa 1, Placer County 2, Auburn 5, Riverside County 4, Riverside 1, Sacramento 3, Chino 1, San Diego County 7, La Mesa 2, Oceanside 2, San Diego 17, San Francisco 23, San Joaquin County 3, Stockton 1,

South San Francisco 1, San Carlos 1, Lompoc 1, Santa Barbara 2, Santa Clara County 9, San Jose 9, Willow Glen 2, Redding 1, Suisun 1, Vallejo 3, Modesto 2, Yuba City 1, Tulare County 7, Exeter 1, Tulare 1, Ventura County 1, Marysville 3.

Smallpox

3 cases: Los Angeles.

Typhoid Fever

12 cases: Contra Costa County 1, Imperial County 1, Los Angeles 2, Merced County 3, San Francisco 2, San Joaquin County 1, Vallejo 2.

Whooping Cough

91 cases: Berkeley 6, Oakland 6, Contra Costa County 1, Fresno County 3, Los Angeles County 1, Los Angeles 12, Monrovia 2, Torrance 1, Orange County 1, Fullerton 1, Orange 1, Santa Ana 2, Sacramento 3, San Diego County 2, San Diego 5, San Francisco 7, Stockton 1, San Luis Obispo 12, Redwood City 3, San Mateo 1, South San Francisco 1, Santa Barbara 3, Santa Maria 8, Santa Clara County 1, Palo Alto 7.

Meningitis (Epidemic)

4 cases: Los Angeles County 1, Los Angeles 3.

Dysentery (Amoebic)

2 cases: Pasadena 1, Pomona 1.

Dysentery (Bacillary)

2 cases: Los Angeles.

Pellagra

2 cases: Los Angeles County 1, San Francisco 1.

Poliomyelitis

10 cases: Taft 1, Los Angeles County 1, Beverly Hills 1, Hermosa 1, Long Beach 1, Los Angeles 2, Pasadena 1, San Bernardino 1, Tulare County 1.

Tetanus

One case: Santa Clara County.

Trachoma

One case: Riverside County.

Encephalitis (Epidemic)

One case: Merced County.

Trichinosis

3 cases: Oakland 2, San Francisco 1.

Jaundice (Epidemic)

2 cases: Humboldt County.

Food Poisoning

6 cases: Pasadena.

Undulant Fever

5 cases: Los Angeles County 2, Pomona 1, Lynwood 1, Riverside 1.

Coccidioidal Granuloma

One case: Kern County.

Rabies (Animal)

16 cases: Los Angeles County 1, Compton 1, Long Beach 2, Gardena 1, Monterey County 3, Carmel 1, Monterey 6, San Diego 1.

If we have reverence for childhood, our first specific rule is to make sure of a healthy bodily development. Even apart from its intrinsic value as a source of efficient action and of happiness, the proper development of the mind directly depends upon the proper use of the muscles and the senses. * * * Only within the last generation have the advances of science and philosophy brought about recognition of the direct value of actions and a freer utilization of play and occupational activities.—John Dewey (1915).

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